Rate Floor Data

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Block '	I - Contact In	ormation *	1 144			
ROW#	DATA ELEMENT			FORMAT OF REQUESTED DATA		RESPONSE
1	Carrier Study Area Code			6 numeric digits	411957	
2	Carrier Study Area Name			alpha characters	Embarq MO-KS	
3	Service Provider Identification Number			9 numeric digits	143005250	
4	Residential Loc	al Service Charge Effe	ective Date	mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number o	Sheets		numeric digit(s)	1	985
	Column 1 Residential Loc Service Charg	Column 2 sal State Subscriber	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Line Counts
		1 4			_	
9	\$ 17.	73 NA	\$ 1.85	NA		
10	\$ 17.	73 NA	\$ 1.85	NA	2	
11	\$ 17.	73 NA	\$ 1.85	NA		
12	\$ 17.	73 NA	\$ 1.85	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Of	ficer as to the Accuracy of the Data Reported f	or the Rate Floor Data
I certify that I am an officer of the report reported ; and, to the best of my knowle	ting carrier; my responsibilities include ensuring the acc dge, the information reported on this form is accurate.	curacy of the actual rate floor data
Name of Reporting Carrier: Embarq Missouri, In	c. d/b/a CenturyLink (Kansas)	
Signature of authorized officer:	100	Date 6/20/14
Printed name of authorized officer: David D. Cole		(1900)
Title or position of authorized officer: Executive Vice	President of Operations Support and Controller	
Telephone number of authorized officer: (318) 388	- 9000, ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form 411957 (mm/dd/yyyy)	7/1/2014
14 - 140		